

**4600**

**RESIDENTIAL SERVICES TO ADULTS  
SERVICE CODES**

<b>Code</b>	<b>Service Name</b>	<b>Issued</b>	<b>Revised/ Deleted</b>
4642	AFH/BH Discharge Funds	01/80	12/02
4643	Deleted	07/81	02/04
4645	Nursing Home Discharge – Services	12/02	02/03
4647	Nursing Home Discharge – Items	12/02	02/03

SERVICE CODE DATA

154/159  
Item No.

**PROGRAM:** Residential Services for Adults      **EFF. DATE:** 02/01/03

35      **SERVICE NAME:** NH Discharge - Services  
36      **SERVICE CODE:** 4645

**SERVICE DESCRIPTION:** Allowance payment to purchase services for the Medicaid client, enabling them to relocate from a Nursing Facility to a less restrictive setting, such as an Adult Residential Care Facility, Assisted Living Facility, and Adult Family Home or private home. **Do not use this code to reimburse clients for items, as it is 1099 tax reportable.**

17/26      **RECIPIENT STATUS:**

	CHILD	ADULT
PRIMARY		X
SERVICE		X

32/33      **MAXIMUM LENGTH OF SERVICE:** 1 month

37      **REASON:**  
**CODE    TITLE**  
A      Independent living consultant svcs to help cl gain community access  
         (e.g.: evaluation, housing search, training to supervise personal care  
         assistants, mobility and transportation training, money  
         management, or assistive technology assessments)  
B      Environmental/housing modifications

38      **OBJECTIVE:** None

**PAYMENT DATA:**

**Payment Type:** One-Time Payment      **SOURCE OF FUNDS (Item 31):**None

39-41      **Unit of Service:** Each (Ea)

41      **Rate:** \$0.01 to \$800.00

42      **Maximum No. of Units:** 1

**ADDITIONAL DATA:**

1. Document use of NH Discharge-Services in client's comprehensive assessment and service plan.

## SERVICE CODE DATA

2. Obtain a provider number for the service provider, if one is not already assigned.
3. Enter provider's name, address, and provider number in items 7-11.
4. A warrant is issued after the service is terminated using termination code 1A, 1B, 2A or 2B, and the end date has passed. Any other termination code prevents payment for this code.
5. Payments of this code will generate a 1099 tax document if the provider's earnings are \$600.00 or more for the tax year.

SERVICE CODE DATA

154/159

Item No.

**PROGRAM:** Residential Services for Adults      **EFF. DATE:** 12/01/02

**35 SERVICE NAME:** AFH/BH Discharge Funds  
**36 SERVICE CODE:** 4642

**SERVICE DESCRIPTION:** Allowance payment to the client, enabling a Medicaid client to relocate from an Adult Residential Care Facility, Assisted Living Facility, an Adult Family Home or hospital, to an independent living arrangement.

**17/26 RECIPIENT STATUS:**

	CHILD	ADULT
PRIMARY		X
SERVICE		X

**32/33 MAXIMUM LENGTH OF SERVICE:** 1 month

**37 REASON:**

CODE	TITLE
A	From ARC/EARC
B	From Assisted Living
C	From Adult Family Home
D	From Hospital

**38 OBJECTIVE:** None

**PAYMENT DATA:**

**Payment Type:** One-Time Payment      **SOURCE OF FUNDS (Item 31):**None

**39-41 Unit of Service:** Each (Ea)

**41 Rate:** \$0.01 to \$800.00

**42 Maximum No. of Units:** 1

**ADDITIONAL DATA:**

1. Document use of discharge funds in client's comprehensive assessment and service plan.
2. Obtain a provider number for the client.

### SERVICE CODE DATA

3. Enter client's name, address and provider number in Items 7-11.
4. Enter in Special Instructions itemized list with the cost of the items to be covered by the allowance.
5. A warrant is issued after the service is terminated using termination code 1A, 1B, 2A or 2B, and the end date has passed. Any other termination code prevents payment for this code.

SERVICE CODE DATA

154/159  
Item No.

**PROGRAM:** Residential Services for Adults      **EFF. DATE:** 02/01/03

35      **SERVICE NAME:** NH Discharge - Items  
36      **SERVICE CODE:** 4647

**SERVICE DESCRIPTION:** Allowance payment to purchase items for the Medicaid client, enabling client to relocate from a Nursing Facility to a less restrictive setting, such as an Adult Residential Care Facility, Assisted Living Facility, Adult Family Home or private home.

17/26      **RECIPIENT STATUS:**

	CHILD	ADULT
PRIMARY		X
SERVICE		X

32/33      **MAXIMUM LENGTH OF SERVICE:** 1 month

37      **REASON:**  
**CODE    TITLE**

- A      Assistive Technology, medical equipment, or supplies that are not available through the Medicaid Durable Medical Equipment program (including repairs)
- B      Non-durable medical supplies (one-time use items such as catheter bags)
- C      Transportation for NF resident to visit potential relocation sites
- D      Transitional housing resources (e.g. rent, rental search resources, Security deposits, credit checks, etc)
- E      Moving expenses (purchase of household goods, furniture, appliances, groceries, diabetic foods, moving fees, short-term storage, cleaning services)
- F      Other

38      **OBJECTIVE:** None

**PAYMENT DATA:**

**Payment Type:** One-Time Payment      **SOURCE OF FUNDS (Item 31):**None

39-41      **Unit of Service:** Each (Ea)

41      **Rate:** \$0.01 to \$800.00

42      **Maximum No. of Units:** 1

**ADDITIONAL DATA:**

## SERVICE CODE DATA

1. Document use of NH Discharge Items in client's comprehensive assessment and service plan.
2. Obtain a provider number for the provider, if one is not already assigned.
3. Enter provider's name, number, and address in items 7-11.
4. A warrant is issued after the service is terminated using termination code 1A, 1B, 2A or 2B, and the end date has passed. Any other termination code prevents payment for this code.
5. Payment for this service code will **not** generate a 1099 tax document for the provider.